

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/936470	FILING DATE						
						CLAIMS							
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	1												
TOTAL DEP.	7												
TOTAL CLAIMS	8												